



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Aquaculture

**BOARD OF TRUSTEES OF THE INTERNAL  
IMPROVEMENT TRUST FUND  
OF THE STATE OF FLORIDA**

**ASSIGNMENT AND ASSUMPTION OF LEASE NO.**

Section 253.71(6), Florida Statutes – Rule 18-21.021, F.A.C.

This Instrument Prepared By:  
Division of Aquaculture  
600 South Calhoun Street, Suite 217  
Tallahassee, Florida 32399

**ASSIGNOR**, \_\_\_\_\_, for the amount received of \$ \_\_\_\_\_ (exact amount), does, subject to written consent of Lessor, hereby assigns, transfers and conveys all rights, and interest vested in Assignor as Lessee under Lease No. \_\_\_\_\_ dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, made and entered into by and between Assignor as Lessee and the Board of Trustees of The Internal Improvement Trust Fund of The State of Florida as Lessor, to \_\_\_\_\_, **ASSIGNEE**, for and during the remainder of the term of said Lease and all renewals thereof, subject to Assignee's full payment of fees, the performance of all covenants required in the Lease to be performed, any new requirements as adopted by the Lessor, and subject to the conditions and provisions set forth in said Lease of the sovereignty lands described as follows:

A parcel ( \_\_\_\_\_ ) of sovereignty submerged lands in \_\_\_\_\_ Aquaculture Use Zone, in \_\_\_\_\_ County, containing \_\_\_\_\_ acres, more or less, of sovereignty submerged lands.

**ASSIGNOR:**

\_\_\_\_\_  
Original Signature of Assignor

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me, or who has produced a \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

(SEAL)

**ASSIGNEE,** confirms that \$\_\_\_\_\_ was the amount paid to Assignor as consideration for the assignment of this lease, and in consideration of the foregoing Assignment, and Assignment of Lease No. \_\_\_\_\_, subject to written consent of the Lessor, does hereby assume assignment of said Lease, as Lessee, and agrees with Assignor and for the benefit of the Lessor under said Lease to make all payments, and perform all covenants, agreements, conditions and provisions of said Lease. Assignee acknowledges upon the transfer of the lease, that Lessor will not approve a transfer of this lease for a period of one (1) year from the date of execution except for special, uncontrollable events. Assignee understands that from time to time the lease fee will be increased by the Lessor, and the Assignee agrees to pay the increased lease fee, as adopted by the Lessor. Further, Assignee agrees that Assignee's heirs, successors and assigns shall be bound for the due performance herein in the same manner as was the original Lessee named in said original Lease, for and during the remainder of the terms of said Lease and all renewals thereof.

Applicant Information:

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Aquaculture Certificate Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I certify that I am 18 years old or older (please initial): \_\_\_\_\_

**ASSIGNEE:**

\_\_\_\_\_  
Original Signature of Assignee

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me, or who has produced a \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

(SEAL)

CONSENT TO ASSIGNMENT AND ASSUMPTION OF LEASE

The Board of Trustees of the Internal Improvement Trust Fund of the State of Florida, the present fee owner and the Lessor of the property described in Lease No. \_\_\_\_\_, consents to the foregoing assignment and assumption this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT  
TRUST FUND OF THE STATE OF FLORIDA

(SEAL)

By: Joey B. Hicks, Director, Division of Administration  
(or his designee)  
Department of Agriculture and Consumer Services,  
Designee for the Board of Trustees of the Internal  
Improvement Trust Fund

"LESSOR"

STATE OF FLORIDA  
COUNTY OF LEON

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, by Joey B. Hicks, Director (or his designee), Division of Administration, who is personally known to me.

\_\_\_\_\_  
Notary Public

(SEAL)